

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self or ☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (Check one or both)
☐ Guardianship ☐ Conservatorship

Case Number PB: _____

ESTATE MANAGEMENT PLAN AND PROOF OF MAILING (Maricopa County Local Rule 5.7(c))

_____ ☐ an Adult or ☐ a Minor.

Note: This document must be completed in all cases where the conservator or trustee is required to file an accounting with the court. Print or type neatly using **black ink only**. Use additional paper if necessary. Follow the Superior Court Fiduciary Fee Guidelines.

1. Physical condition of the person: _____

2. Anticipated care of ward/protected person, and services to be provided: _____

3. Special needs of the ward/protected person: _____

4. Other special needs of the ward/protected person: _____

5. Anticipated expenses for the ward/protected person, including project fiduciary fees: _____

6. Anticipated changes in finances/financial status of ward/protected person: _____

7. A copy of this management plan was mailed or delivered to the following persons:

NAME

ADDRESS

RELATIONSHIP

Date: _____

Signed: _____